

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)

A. Full Name (Last, First, Middle Initial)

Dr Steven Harris, MD

Mailing Address 4300 W Main St Ste 403

City State Zip Code  
Dothan AL 36305-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 6

Transaction ID: 23618476

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr J Noble Anderson, MD

Mailing Address 2055 E South Blvd Ste 908

City State Zip Code  
Montgomery AL 36116-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kitchens, Chapman and Anderson

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 6

Transaction ID: 23621370

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

Dr Samuel Welch, MD PhD

Mailing Address Dept of Otolaryngology  
4301 W Markham St

City State Zip Code  
Little Rock AR 72205-7101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of AR

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 6

Transaction ID: 23621371

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

980.00

TOTAL This Period (last page this line number only) .....